



For Susan Bay

NOTICE OF INTENT SCANNED

For Baseline General Permit to
Discharge Stormwater Associated with
Industrial Activity

Permit No. _____
UBI No. _____
DOR No. _____
Mark only one item
1. ☒ Existing Facility
2. ☐ New Facility
Start-up date _____
3. ☐ Change of Information
(attach explanatory letter)

(Please print in ink or type)

I. OPERATOR

Name	Douglas Management Company Seattle Bay Holdings, Inc
Mailing Address	PO Box 3757
City	SEATTLE
Zip + 4	98124-3757
Contact Person	CHRISTEL HOLM
Phone No.	439-5549

II. OWNER/REPRESENTATIVE OF FACILITY

Name	SUWAN BAY HOLDINGS, INC
Mailing Address	PO Box 3757
City	SEATTLE
Zip + 4	98124-3757
Contact Person	CHRISTEL HOLM
Phone No.	439-5549

III. FACILITY ADDRESS

Facility Name	SUWAN BAY HOLDINGS DOCK
Street Address	7100 2 ND AVE S.W.
City	SEATTLE
Zip + 4	98124
Phone No.	439-5549
County	KING
Legal Description (if no address for site)	

IV. BILLING ADDRESS:

<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator	<input type="checkbox"/> Facility <input type="checkbox"/> Other (below)
Name	SUWAN BAY HOLDINGS, INC
Address	POB 3757
City	SEATTLE
Zip + 4	98124-3757
Phone No.	439-5549

V. RECEIVING WATER INFORMATION

A. Does your facility's stormwater discharge to: (check all that apply)	
1. <input type="checkbox"/> Storm sewer system; name of storm sewer system (operator): _____	
2. <input checked="" type="checkbox"/> Directly to surface waters of Washington state (e.g., river, lake, creek, estuary, ocean)	
3. <input checked="" type="checkbox"/> Indirectly to surface waters of Washington state	
4. <input type="checkbox"/> Directly to ground waters of Washington state: <input type="checkbox"/> dry well <input type="checkbox"/> drainfield <input type="checkbox"/> other	
B. Name(s) of receiving water(s): <u>DULWASH RIVER</u>	
Initial discharge is to an unnamed receiving water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
C. Location of Discharge(s):	
Quarter _____	Section _____ Township _____ Range _____

VI. INDUSTRIAL ACTIVITY INFORMATION

A. SIC Code(s) (Post PRIMARY SIC in No. 1)		B. Type of business	
1. <u>4441</u> 2. <u>4225</u> 3. <u> </u> 4. <u> </u>		<u>Barge Loading & Bulk Material Storage</u>	
C. Areas with industrial activities at facility: (check all that apply)			
1. <input type="checkbox"/> Manufacturing Building		6. <input type="checkbox"/> Application or Disposal of Wastewaters	
2. <input checked="" type="checkbox"/> Material Handling		7. <input checked="" type="checkbox"/> Storage and Maintenance of Material Handling Equipment	
3. <input checked="" type="checkbox"/> Material Storage		8. <input type="checkbox"/> Vehicle Maintenance	
4. <input type="checkbox"/> Hazardous Waste Treatment, Storage, or Disposal (Refers to RCRA, Subtitle C Facilities Only)		9. <input checked="" type="checkbox"/> Inactive Areas Where Significant Materials Remain	
5. <input type="checkbox"/> Waste Treatment, Storage, or Disposal		10. <input type="checkbox"/> Access Roads and Rail Lines for Shipping and Receiving	
		11. <input checked="" type="checkbox"/> Other <u>TEMPORARY CONTAINER STORAGE</u>	

D. Additional Information Needed:

1. Total size of site with industrial activity (in acres)
2. Total impervious area (including rooftops) (in acres)
3. Has a stormwater pollution prevention plan been developed?
4. Are stormwater discharge data available?
5. Are data available on impact of stormwater on water quality or sediments?

3.4
3.4
☐ Yes ☐ No
☐ Yes ☒ No
☐ Yes ☐ No

VII. MATERIAL HANDLING/MANAGEMENT PRACTICES**A. Types of materials handled and/or stored outdoors: (check all that apply)**

- | | | |
|---|---|---|
| 1. <input type="checkbox"/> Solvents | 4. <input type="checkbox"/> Plating Products | 8. <input type="checkbox"/> Paints/Coatings |
| 2. <input checked="" type="checkbox"/> Scrap Metal | 5. <input type="checkbox"/> Pesticides | 9. <input type="checkbox"/> Woodtreating Products |
| 3. <input type="checkbox"/> Petroleum or Petrochemical Products | 6. <input type="checkbox"/> Hazardous Wastes | 10. <input type="checkbox"/> Other Toxics (Please list) |
| | 7. <input type="checkbox"/> Acids or Alkalies | |

B. Identify existing management practices employed to reduce pollutants in industrial stormwater discharges: (check all that apply)

- | | | |
|--|--|---|
| 1. <input checked="" type="checkbox"/> Oil/Water Separator | 4. <input type="checkbox"/> Surface Leachate Collection | 8. <input type="checkbox"/> Infiltration Basins |
| 2. <input type="checkbox"/> Containment | 5. <input checked="" type="checkbox"/> Overhead Coverage | 9. <input checked="" type="checkbox"/> Operational BMPs |
| 3. <input checked="" type="checkbox"/> Spill Prevention | 6. <input type="checkbox"/> Recycling/Source Reduction | 10. <input type="checkbox"/> Vegetation Management |
| | 7. <input type="checkbox"/> Detention Facilities | 11. <input type="checkbox"/> Other (Please list) |

VIII. REGULATORY STATUS (check all that apply)**A. ☐ NPDES Permit**

Permit No. _____

C. ☐ Air Notice of Construction, Permit, or Order

Agency: _____

B. ☐ State Waste Discharge Permit

Permit No. _____

D. ☐ State/USEPA Hazardous Waste ID No.**IX. STATE ENVIRONMENTAL POLICY ACT (SEPA) (Applies only to NEW INDUSTRIAL FACILITIES)**Has SEPA review been completed? ☐ Yes ☐ No ☐ ExemptType of SEPA document: ☐ DNS ☐ Final EIS

Agency issuing DNS, Final EIS, or Exemption: _____

Date of DNS or Final EIS: _____

Are you aware of an appeal of the adequacy of the SEPA document? ☐ Yes ☐ No
(If yes, please attach explanatory letter.)**X. PUBLIC NOTICE (Applies only to NEW INDUSTRIAL FACILITIES)**Attached affidavit of TWO publications? ☐ Yes ☐ No**XI. CERTIFICATION OF PERMITTEE(S)**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Operator's Printed Name: Douglas Management Co. (If Co-Permittee)Operator's Printed Name: SECURITY ACCOUNTS, INC.Signature: Michael F. HolmOwner's Printed Name: SECURITY ACCOUNTS, INC.Signature: Michael F. HolmTitle: PRESIDENT Date: 9-27-95Title: VICE PRESIDENT Date: 9-27-95**STATE USE ONLY:**

WBID	Seg No.	Region	Date NOI Received	Coverage Date